W5000055334

(Ke	equestor's Name)				
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	<u> </u>			
(0	ryrotaterziph non	C #)			
☐ PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	me)			
(Do	ocument Number)				
Certified Copies	Certificates	e of Status			
Certified Copies	_ Cerumcates	o Status			
Special Instructions to	Filing Officer:				
1					
1					
		1			

Office Use Only



800396238998

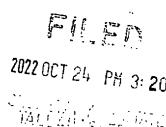
10/24/22--01015--021 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations			•
	124 ST INVESTMENTS, LLC			
SUBJ	IECT: (Name of	t'Limited Lighilit		myany)
	(Name of	т тапитей глабии	y Cor	працуз
The e	nclosed member, resignation or dis	ssociation and	fee(s	s) are submitted for filing.
Please	e return all correspondence concert	ning this matte	er to:	
Robert	O. Kahn			
	(Contact Person)			_
Robert	O. Kahn, P.A.			
	(Firm/Company)			
4522 S	Sheridan Ave			
	(Address)			_
Miami	Beach, FL 33140			
	(City/State and Zip Code)			_
For fu	irther information concerning this	matter, please	call:	
Robert	Kahn	786		282-4806
	(Name of Contact Person)	at ((Area	Code	. & Daytime Telephone Number)
	sed please find a check made paya	ible to the Flor	rida F	Department of State for:
Ø \$2	5 Filing Fee	□ \$551	Filing	g Fee & Certified Copy
	Mailing Address:			Street Address:
	Registration Section			Registration Section
	Division of Corporations			Division of Corporations
	P.O. Box 6327			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314			Tallahassee, FL 32303





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability compan	y as it appears on the reco	rds of the Florida Department
of State is: 10.	sephine I	. Bailey	
2. The Florida docu L15000055334	ıment/registration numbe	er assigned to this limited	liability company is:
		·	June 15, 2022
3. The date this me	mber/manager withdrew	/resigned or will withdraw	v/resign is:
Josephine D. Bail	-	\	
4. I, Joseph		\u, hereby withdrav	v/resign as a
	ame of Person Resigning)	, 111100 , 11110201	
Manager Joseph	Print Title)	<u> </u>	
of this limited lial resignation in wr		n the limited liability com	pany has been notified of my
Joseph	ine D. I	Saley	
Signature of Di	ssociating Member or Re	esigning Manager	
v2'41	005.00 (P		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		